



APPLICATION

Please Print

Name: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian: _____

School: _____ Year of Graduation: _____

Phone: _____

Email: _____

Please explain why you wish to serve on the Mayor's Youth Council.

What are some talents or experiences you will bring to the Council?

List other groups, if any, in which you have participated. Also, list any community service work you are or have been involved with.

Briefly describe a need which the Council might be able to address.

Do you feel you will be able to give at least four (4) hours per month to the Mayors Youth Council, and that you will be able to attend at least one city council meeting?

AGREEMENT TO PARTICIPATE

“I, as well as my parents/guardian, understand that a membership in the Mayor’s Youth Council requires a significant commitment of time and energy, attending monthly meetings, and participating in activities. I am willing to make that commitment and my parents/guardian support(s) me.”

Signature of Applicant_____

Date_____

Signature of Parent/Guardian_____

Date_____

MEDIA

The media sometimes covers events and activities that the Mayor’s Youth Council sponsors and/or participates in. As a result, we need to have permission from the parents to not only have their child participate in the council, but also to participate in newspaper, TV, radio, or other media coverage.

“I give permission for my child to participate in the Mayor’s Youth Council. I am also aware and agree that my child may be photographed and/or interviewed by news cameras such as WSET and the News and Advance as they are often invited to cover our programs to help raise awareness and promote the Mayor’s Youth Council.”

Signature of Parent/Guardian_____

Date_____

Please return completed applications to:

Mail: Mayor’s Youth Council, Attn.: Dana Wright, 99 Ninth Street, Lynchburg, VA 24504
FAX: (434) 847-1785

For additional information call (434) 455-5795